

**MAIL TO:**

Bureau of Vital Statistics  
City Hall, Liberty Plaza  
Rome, New York 13440

**APPLICATION TO LOCAL REGISTRAR FOR COPY OF DEATH RECORD****FEE \$10.00 PER COPY OR NO RECORD CERTIFICATION.****PLEASE SEND MONEY ORDER. PERSONAL CHECKS NOT ACCEPTED.****APPLICANT - PLEASE SEND COPY OF PHOTO ID. IF YOU ARE NOT INFORMANT ON DEATH CERTIFICATE, PLEASE ENCLOSE ORIGINAL COPIES OF PROOF OF RELATIONSHIP TO DECEASED. (THESE WILL BE RETURNED TO YOU.)**

<u>Name of Deceased</u>		<u>Date of Death or Period to be Covered by Search</u>	
First	Middle	Last	
<u>Name of Father of Deceased</u>		<u>Social Security Number of Deceased</u>	
First	Middle	Last	
<u>Maiden Name of Mother of Deceased</u>		<u>Date of Birth of Deceased</u>	<u>Age at Death</u>
First	Middle	Last	Month Day Year
<u>Place of Death</u>			
<u>Name of Hospital or Street Address</u>		<u>Village, Town or City</u>	<u>County</u>
<u>Purpose for Which Record is Required</u>			
What was your relationship to deceased? _____			
In what capacity are you acting? _____			
If attorney, name and relationship of your client to deceased. _____			
Signature of Applicant _____		Date _____	
Address of Applicant _____			
PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT			
Signature of Applicant _____		Date _____	
Address of Applicant _____			
City _____		State _____	Zip Code _____